

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
APR 21 2020

ENTERED

Permit #:	20-0343
Date:	12-22-20
Amount Paid:	\$300 4-21-2020
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Adventure North Rental</u> <u>Toos Bonney</u>	Mailing Address: <u>P.O. Box 10</u>	City/State/Zip: <u>Bayfield, WI 54814</u>	Telephone: <u>715-779-3500</u>
Address of Property: <u>86645 Valley Rd.</u>	City/State/Zip: <u>Bayfield, WI 54814</u>	Cell Phone: <u>715-209-1645</u>	
Contractor: <u>Toos Bonney (Self)</u>	Contractor Phone: <u>715-209-1645</u>	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Toos Bonney</u>	Agent Phone: <u>715-779-3500</u>	Agent Mailing Address (include City/State/Zip): <u>P.O. Box 10 Bayfield, WI 54814</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>SE 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>Gov't Lot</u>	PIN: (23 digits) <u>04-006-2-30-04-09-04-00300</u>	Recorded Document: (i.e. Property Ownership) Volume <u>878</u> Page(s) <u>263</u>
Section <u>39</u> , Township <u>50</u> N, Range <u>4</u> W	Lot(s) <u>548352-359</u>	Block(s) No.	Subdivision: <u>2016R-566362</u>
Town of: <u>Bayfield</u>		Lot Size <u>Varies</u>	Acreage <u>5.66</u>

<input checked="" type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <u>No</u> If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>No</u> If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion *include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>43,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>TANKS</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: <u>44</u>	Width: <u>16</u>	Height: <u>18</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	<u>Cabin #1</u> (<u>16 X 30</u>)	<u>480</u>
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	<u>20 X 30</u> (<u>20 X 30</u>)	<u>600 SQ FT</u>
		with Loft	<u>12 X 8</u> (<u>12 X 8</u>)	<u>96 SQ FT</u>
		with a Porch	<u>Covered entry</u> (<u>8 X 6</u>)	<u>48 SQ FT</u>
		with (2 nd) Porch	<u>Screen Porch</u> (<u>8 X 12</u>)	<u>96</u>
<input type="checkbox"/> Commercial Use		with a Deck	(<u>X</u>)	<u>48 SQ FT</u>
		with (2 nd) Deck	(<u>X</u>)	
<input type="checkbox"/> Municipal Use		with Attached Garage	(<u>X</u>)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(<u>X</u>)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(<u>X</u>)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(<u>X</u>)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(<u>X</u>)	
	<input type="checkbox"/>	Special Use: (explain) _____	(<u>X</u>)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(<u>X</u>)	
	<input type="checkbox"/>	Other: (explain) _____	(<u>X</u>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Toos Bonney
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 3/29/2017

Authorized Agent: Toos Bonney
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 3/29/2017

Address to send permit P.O. Box 10 Bayfield, WI 54814

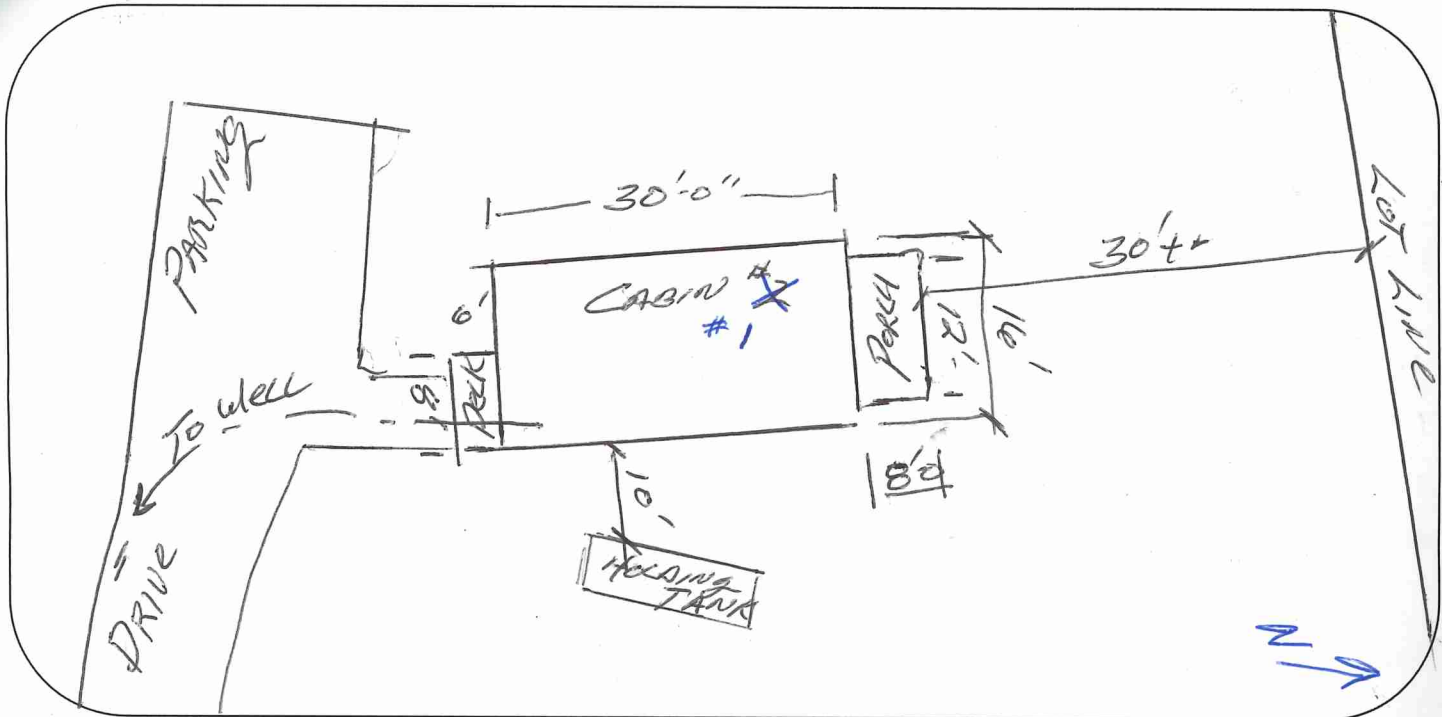
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	324 Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	150 120 Feet		
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	663 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	558 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 20-1995	# of bedrooms: 4	Sanitary Date: 11-20-20	
Permit Denied (Date):		Reason for Denial:			
Permit #: 20-0343		Permit Date: 12-22-20			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record: Site staked and appears code compliant.				Zoning District (A61) Lakes Classification (3)	
Date of Inspection: May 2020		Inspected by: Todd Norwood		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) Must obtain a uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks					
Signature of Inspector: Todd Norwood				Date of Approval: 12-17-20	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>					

City, Village, State or Federal
May Also Be Required

LAND USE – **X**
SANITARY – **20-199S**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0343** Issued To: **Todd Bonney**

Par in
Location: **SE** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **9** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use: [1.5- Story; Cabin #1 (16' x 30') = 480 sq. ft.; Covered Entry (8' x 6') = 48 sq. ft.;
Screen Porch (8' x 12') = 96 sq. ft.] Total Overall = 624 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain a uniform dwelling code permit from the locally contracted UDC inspection agency prior to the start of construction. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

December 22, 2020

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 69797
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 12172001-2020

Tax ID: 35597

Issued To: RODGER D & CYNTHIA A COPP

Location: LOT 1 CSM #1670 IN V.10 P.22 Section 17
(LOCATED IN NW SW)

Township 50 N.

Range 04 W.

BAYFIELD

Govt Lot 1

Lot

Block

Subdivision:

CSM# 1670

For: Residential / Other / 10L x 30W x 12H

Condition(s): Structure not for human habitation/sleeping purposes. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Todd Norwood

Authorized Issuing Official

Wed Dec 23 2020

Date

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

LAND USE - X
SANITARY - 20-202s
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

Issued To: ROBERT JOHN & LINDA L BODIN

Range 04 W.

**Subdivision: SUPERIEUR CSM# 2020
VIEUX**

(Disclaimer): Any future expansions or development requires additional computing